The Special Account of Thysici	tans is nespectivity invited to the	kemarks below, and to Li	st of Diseases on back	of this Certificate.
	n Department,	City of	Baltimor	e.
Permit No. 99210	Office of Registre	ar of Vital Sta	tistics. War	rd 18—
No PER	RMIT FOR BURIAL CAN BE OBTAI	NED WITHOUT A PROPE	R CERTIFICATE.	, accurately filled out eased, or sooner, if
CEI	RTIFICATE	OF DE	EATH.	w
Date of Death,	1.18 9.M. ap	Cril 12, 1887		
Full Name of Deceased	Write legibly and spell correctly. If an Infant not named, give names of parents.	George Clare	nce Cres	rer.
Sex, Male or Female, {;				
	Years,	9 Months,		Days.
Color, Whit	É	***************************************		1
Married, Single, Widow	or Widower, {Cross out the wo	ords not }		
Occupation,				
Birth Place, State or country long in the Unit if of foreign bir	, and how ded States, Balthingth.	none My.		-
	in the City of Baltimore			
Place of Death, $\{^{ ext{Give Street}}_{ ext{Number}}\}$	t and } 516 May	eth St		,
cause of Death, \	Primary),	2 1		2
Duration of Last Sickn All the above information should		15 days		
Place of Burial, Louis	len Park cemeten	,		
Date of Burial, All	13 = 1884			
Undertaker Los &		14.2.1	Medical Atter	M. D.
Place of Business/O	03h Ballingor A	ddress, 5/3	Scott S	1. 1

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Denrin Deftartment, dith al Buttillible.
Permit No. 99211 Office of Registrar of Vital Statistics Wood 192
out, to the Undertaker or other person superintending the burning the presentation of this Certificate, accurately filled
No PERMIT FOR BURIAL CAN AT CENTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Spil 12 4 1887 5.30. am
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } female
Age, 21 Years, Months. Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not } Renyle
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, (Give Street and) Shosphi Itour of Industy-Corlary & Ling &
First (Primary) Tatte. 12
Cause of Death, Second (Immediate), Failure garton of Real
Duration of mast sickness, duddents fort mate
Place of Burial, A. Pelers Ce
Date of Burial ab 12/84 /
(Undertaker,). 13. Cook Medical Attendant.
{ Undertaker, 9.13. Cook Saft Saften M. D. Medical Attendant. Place of Business, 1003 UNSaft Address, 1136 Lington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 992/2 Office of Registrate of Vital Statistics. Ward 19
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, requested so to do under penalty of law.
requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, April 11 1887
Full Name of Deceased, {Write legibly and spell orrectly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Wonths, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Thysecran
Birth Place, State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore, defetime
Place of Death, {Give Street and } 214 N. Gilonor &t
(First (Primary), Gulmonary Philhipsis
Cause of Death, Second (Immediate), Pulmonway Hemorrhage
Duration of Last Sickness, 2 days All the above information should be furnished by the Physician.
Place of Burial, Green Mount Com
Date of Burial, Afr. 14/87
(Undertaker, 9/18. Cook) Medical Attendant.
Place of Business, 1000 UNBalla Address, 1209 MAny
Extract from Regulations of the Board of Health to secure a full and correct record of the Witel Statistics to the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the can and date of death.

Bealth Department, City of Baltimore. Permit No. 992/3 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner,

requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CE	ERTIFICATI	E OF DEATH	1.
Date of Death,	about!	April 10th	1887
	sed, {Write legibly and spell correctly. If an Infant not named, give names of parents.	not Known	
Sex, Male or Famal	(or parents.		
Age,	Years,	Months, about	Days.
Color, M			
	dow or Widower, {Cross out the required in the	words not }	
Occupation			
Birth Place, State or co	untry, and how Brought	to Western Station A	hic 12 1/87 7. 4 30
Duration of Residen	ice in the City of Baltime	cre,	
Place of Death, {Give	Street and } Found dead	in Quarett St between	Lowar & Liters
A STATE OF THE REAL PROPERTY O	First (Primary),		
Duration of Last S	hould be furnished by the Physician.		
Place of Burial H	stim Public Come	and and	
Date of Burial,	April 12/87 9	2 Shan	ou N D
(Undertaker,	is. E. Droud	Med	lical Attendant.
Place of Busines	s, Healt Office	Address,	oronen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Full Name of Deceased, Write legibly and spell Charlotte Johnson
Sex, Male or Female, {Cross out the word not }
Age, 6 8 Years, Months, Days. Color,
Married, Single, Widow or Widower, {Cross out the words not }
Birth Place, State or country, and how long in the United States, fif of foreign birth.
Place of Death, {Give Street and } 214 Chestnut alley (First (Primary), Mitral Regurgitation
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness, 3 weeks All the above information should be furnished by the Physician.
Place of Burial, Sparfe & Contory
Date of Burial April (3) 1889 M. Warfield M. D.
Undertaker, Herculas 19088 Adress, Ballo Gull Attendant. Place of Business of & Gon Wass Adress, Ballo Gull Dis
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The openial Attention of Thysicians	ris nespectionly invited to the	kemarks delow, and to	List of Diseases on B	ack of this certificate
Bealth	Department	, City of	Baltimo	re.
Permit No. 99215	Office of Registr	ar of Vital St	atistics.	Vard /8 7
The Physician who attended an to the Undertaker or other person s requested so to do, under penalty of No Permi	ny person in a last illness, is res superintending the burial, with law. T FOR BURIAL CAN BE ORTA	/ N N	1	te, accurately filled out, eccased, or sooner, if
CER	TIFICATI	OF DI	EATH.	(8)
Date of Death,	buil 12	1287		•
$Full Name of Deceased, \{ \}$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Richard	ER.Ha	spings
Sex, Male or Female, {Cross of require				
Age,	Years,	3 Months	, 13	Days
Color,	200	lute	••••	
Married, Single, Widow or	r Widower, {Cross out the verguired in the	words not }		
Occupation,	*	· · · · · · · · · · · · · · · · · · ·		
Birth Place, State or country, and long in the United S if of foreign birth.	thow Ball	t Carly		
Duration of Residence in			12	days
Place of Death, Give Street an Number.	1036	Manon	- S	-
lance of lloath	mary), mmediate),	Malar	ial ia	
Duration of Last Sickness All the above information should be		8 days	v -	
Place of Burial, Nedo	, Will			
Date of Burial, 18 9 (Undertaker, 8	Will forther	8,4,	3eee	M. D.
Place of Business, 115	· Was 81	Address Shan	let Lo	ee Sag

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker, William

Place of Business, 150 22.

The Special Account of Thysicians	s is nespectivity invited to the n	emains below, and to l	use at discusses an nuc	TAL PHIS AGI PHICORE.
	Department,			re.
Permit No. 99216	Office of Registra	of Vital Sta	vistics. W	ard 20
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	any person in a last illness, is resp superintending the burial, within	consible for the present	ation of this Certifica the death of said de	te, accurately filled out, eceased, or sooner, if
CER	TIFICATE			
Date of Death,	spril!			
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	hi sorva	Fisher	
Sex, Male or Female, {Crost required	ss out the word not }	Male	<u>د</u>	
Age, O	Years, On	~ Month	l,	Days.
Color,		Dark	· brown	,/
Married, Single, Widow	or Widower, Cross out the work	ds not }	rugle	
Occupation,			none	
Birth Place, State or country, are long in the United if of foreign birth.			+ city	+
Duration of Residence in	the City of Baltimore	1-	mon	u ,
Place of Death, Give Street as Number.	ad}	No 4	I Ime	st
Cause of Death, $\left\{ egin{array}{ll} ext{First (Pr} \\ ext{Second ()} \end{array} \right.$	imary),	Make	nour	
Cause of Death, Second (Immediate),	Conon	beron	
Duration of Last Sicknes		One -	Week	
Place of Burial,	p St. Bern			*
Date of Burial, De	13 7 /88-7]	Boi M.	Bohne	76 7

Address, Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Medical Attendant.

Bealth Department, City of Baltimore.
Permit No. 99217 Office of Registrar of Vital Statistics. Ward 19"
The Laysician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law.
CERTIFICATE OF DEATH.
Date of Death, CApric 12 = 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line.}
Age, B Years, 'I Months, Days Color, Milli
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, (required in this line.)
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Que his life
Place of Death, (Number. 1809 Louisen &
Cause of Death, Second (Immediate), Set hous live.
Second (Immediate), Second .
Duration of Last Sickness, 2 de and All the above information should be furnished by the Physician.
Place of Burial, Al Selers
Date of Burial, apl 14 = 187) Att
J Undertaker, & Medical Attendant. M. D.
Place of Business, 408 Serva Waldress, Church receive
Entroct from Populations of the Populat Nath to serve a full and connect years of the Wit LOLD II.

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Buria!, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

The Special Attention of Physicians	s is Respectfully Invited to the R	emarks below, and to	List of Diseases on back of	this Certificate.
Health	Department,	City of	Baltimore.	111
Permit No. 992/8	Office of Registra			4
The Physician who attended a to the Undertaker or other person a requested so to do, under penalty of No Permi	any person in a last illness, is responsed in a last illness, illness	itu in inni		ed, or somer, if
CER	TIFICATE	OFD	EATH.	
Date of Death,	Afont	12/1/8	87	1
Full Name of Deceased, $\Big\{$	Write legibly and spell correctly. If an Infant not named, give names of parents	Harry	Krwell	5
Sex, Male or Female, { rogu	ss out the word not }	1	late	
Age,	Years,	Monti	hs, 9	Days.
Color, Zor	Cuitr		1/	
Married, Single, Widow o	or Widower, {Cross out the wor required in this li	ds not }	V	
Occupation,	***************************************	ىرىن	• • • •	
Birth Place, State or country, and long in the United if of foreign birth.	nd how States,}	fe	accertif	1
Duration of Residence in		,	Quel Very	t _
Place of Death, Give Street at Number.	ad Ococore	Holland	Mar Cours	e Strists
Cause of Death, $\begin{cases} \text{First (Pr)} \\ \text{Second ()} \end{cases}$	Immediate), October	hem.	a	
Duration of Last Sicknes		(1) 200	8/6	· · · · · · · · · · · · · · · · · · ·
Place of Burial, Bali	tomore Colon	2	1	
Date of Burial, Afri	a 14, 1887, 6	5/30	Alnex A	
(Undertaker, Henry	ille o	- we	Medical Attenda	M. D.
$\{$	-1.0 y C.	Salar	the Colin	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

		1 to 1			
3	Board of	Gealth,	City of 1	Baltimore,	13
Permit No. 992	19 Office o	f Registra	vof Vital S	Statistics. Wa	rd X
the Physician who attent to the Undertaker or other	ded any person in a	last illness is respr	ns the fold of the	Dration of this Certification : the death of said	ate, accuracy had a
requested so to do, under per N	of law. O PERMIT FOR BURI	AL CAN BE OBTAG	пр ченова7ра	OPER CERTIFICATE.	346
	RTIFIC			EATH	e high
Date of Death,	1010	0 11	1884	1 1	333
Full Name of Deced	used, { Write legibly correctly. If not named, g of parents.	and spell an infant ive names	ha co	Ma	Mexis
Sex, Male or Femal	e, Cross out the word required in this lin	not }	mall	2	6,8 3
Age, 39	Years,	.,	Monti	hs,	Day.
Color,	The	to '	······································	······	/3
Married, Single, Wid	low or Widowe	Cross out the wo	rd not }	inglo	1/3
Occupation		nevel	lant	0	//
Birthplace, State or count long in the Unif of foreign b	rry, and how hited States.	wed us	Balto on	till 1900	a Lasis
Duration of Residence	e in the City of	Baltimore /	in weegh	Laghed	volo Karry
Place of Death, Give str	reet and)	3700	loand	J	roth
	t (Primary),	mela	sichs	ul	
Gause of Death. Second	ond (Immediate),	Exha	woten	S 400	
Duration of Last Sie		3	ocan	,	
All the above info mation's Place of Burial, Place	hould be furnished by t	he Physician.	emete	240	
Date of Burial,	pril	13 1	Geva	Ir. Ifon	son M. D.
Undertaker 9	thren	8		Medical	Attendant,
Place of Business,	626W	Ballo	Address, 14	chilar	error
Extract from Regulation	ons of the Board of	Health to secur	e a full and correc	et record of Vital Sta	itistics in the

City of Baltimore.

SECTION 2. And he it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.